DOCUMENT RESUME

ED 442 224 EC 307 860

AUTHOR Shoultz, Bonnie; Walker, Pam; Hulgin, Kathy; Bogdan, Bob; Taylor, Steve; Moseley, Charles

TITLE Closing Brandon Training School: A Vermont Story.

INSTITUTION Syracuse Univ., NY. Center on Human Policy.

SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.

PUB DATE 1999-02-00

NOTE 56p.; "Supported in part by the National Resource Center on Supported Living and Choice and the National Resource Center on Community Integration."

CONTRACT H133D50037; H133A990001

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS Community Cooperation; *Deinstitutionalization (of Disabled); Developmental Disabilities; Elementary Secondary Education; Institutional Research; Interviews; *Mental Retardation; *Program Termination; *Residential Schools; *School Closing; School Community Relationship; State Programs

ABSTRACT

This report describes the closure process for Brandon Training School, Vermont's only public institution for people with mental retardation and developmental disabilities, until it was closed in 1993. The report was developed through a review of documents and interviews with state administrators, local program directors and staff members, former Brandon employees, members of the Brandon town community, former residents and parents, advocates, attorneys, university researchers, and others. Topics discussed include what Brandon was like, origins of the idea of closure in the mid-1970s, issues for the advocacy community, beginning the closure process through development of a "Unification Plan," the role of the Division of Mental Retardation, the role of community providers, service development, building an infrastructure, moving toward individualized services, creating safeguards, challenges for the community service system, labor and economic issues for the Brandon community, physical plant issues, and social impact. A concluding section summarizes 10 key factors related to closure. These include recognition of shared values and common vision, responsiveness of administrators, and collaboration among community service providers. (Contains 14 references.) (DB)

Reproductions supplied by EDRS are the best that can be made from the original document.

ED 442 224

CLOSING BRANDON TRAINING SCHOOL:

A VERMONT STORY

Center on Human Policy

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

BEST COPY AVAILABLE

EC 307860

CLOSING BRANDON TRAINING SCHOOL: A VERMONT STORY

by

Bonnie Shoultz, Pam Walker, Kathy Hulgin,
Bob Bogdan, & Steve Taylor
Center on Human Policy
Syracuse University

and

Charles Moseley
Vermont Division of Developmental Services
January 1988-January 1999

February 1999

Center on Human Policy
Syracuse University
805 South Crouse Avenue
Syracuse, NY 13244-2280

The preparation of this report was supported in part by the National Resource Center on Supported Living and Choice and the National Resource Center on Community Integration, Center on Human Policy, School of Education, Syracuse University, through the U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR), through Contract Nos. H133D50037 and H133A990001. The opinions expressed herein do not necessarily represent the official position of NIDRR, therefore no official endorsement should be inferred.

Introduction

The Brandon Training School, Vermont's only public institution for people with mental retardation and developmental disabilities, opened in 1915 and closed in 1993. During those years, a total of 2,324 people lived there. Vermont was the second state to close its only public institution; New Hampshire was first in 1991, and since then Rhode Island and Maine have followed suit.

This report examines the closure process for Brandon: its history, its mechanisms, and its people. To develop the report, a team of researchers from the Center on Human Policy visited Vermont several times to interview state administrators, local program directors and staff members, former Brandon employees, members of the Brandon town community, former residents and parents, advocates, attorneys, university researchers, and others involved in the closure. We rely heavily on their words to tell the story.

Vermont is a "Very Special Place"

The values of a community or group of people permeate and influence what they do, including how their service systems operate. People in Vermont think of their state as special, as a place where, because it is small, the people share certain values, and they connect this to the closure process that they participated in. One informant said, "there is a sense of value here about caring for one's own and taking responsibility for the people who live in this state." Another shared value is that "those who have the least deserve more." She named other, related values: "caring for one's neighbor, being responsible to and for one's neighbor, caring about the land, preserving the good

things that we have in our environment." She was less certain about whether there is tolerance of difference, saying that as long as people are seen as Vermonters rather than newcomers, they are accepted, but that she is concerned that nonwhite people who move to the state will be and are seen as different and are not tolerated.

Several informants spoke of Vermont's small size as another key to its specialness. While many people who now hold the professional positions in human services came from other places, including urban areas in the Northeast, it has remained a rural state. One informant spoke of how the "professionals here, in all of the human services, are here because they want a particular lifestyle." That lifestyle includes the shared values, the clean air and small communities, the mountains and flatlands, and a feeling of safety. When Vermonters travel, they enjoy the feeling of coming home.

The Vermonters we interviewed felt that these special qualities and others were demonstrated or reflected in the closure process as well. People said things like, "in most states...there is much more conflict," "at the heart of all of this, is a kind of trust," and "I don't think there is any (other) state that could say that a person from a central state agency visits every single person in the system twice a year." One informant summarized some aspects of Vermont's uniqueness that led to closure:

> I'd say about 18 years, 15 to 18 years ago the stars were crossed in the right place and we had a group of leaders in advocacy, parent advocacy, state offices, the agencies, and in the legislature that came together around a common set of beliefs and values, and the continuity of those leaders lasted for 7 or 8 years

during a critical developmental time, and then the people who took over for those leaders...are still with us except for deaths.

These leaders had a "set of shared values and a vision of where we have to go and how we have to get there." That led to people "looking at all the various factors that contributed to [the vision] and then ensuring that there was this continuity even if new leaders came in."

One father, who had initially opposed movement of his daughter from the institution, said that "in this state, there is communication between people, and the systems are responsive, whether you are coming to people with criticism or not." He later said, jokingly, that other states wanting to learn from Vermont's example should first "split into states of one million or less," because smallness allows adequate communication, response, and advocacy with legislators. In large states, all of that is much more difficult, he felt. A mother agreed, "Small is best."

What Brandon was Like

In celebrating the closure of Brandon, many people tried to put a positive light on life at the institution. During the closure ceremony, held on December 9, 1993, Brandon Training School (BTS) was praised as a place that fostered friendships between staff and residents and between residents themselves. It was portrayed as a place that the state and the times outgrew, not as a bad place for people to live.

Many former residents made statements such as the following at the ceremony: "I used to live down here and I kinda miss certain parts of the campus. I used to work in the J and K dorms. I was a custodian worker. And I kinda miss all those other

custodians I know." "I've been at Brandon Training School since I was a little tiny girl. I was sitting here crying...because I wanted to leave so bad. I used to live in...K1 when I was a little baby...And after I was a little baby, teeny baby, I grew up in Dormitory G. I had a good time being there. Now that I'm happy--I'm glad that Brandon Training School is closing down real good, for good, forever." Most of the former residents who spoke talked about their good and bad memories. They thanked people who had helped them, talked about people they missed, and talked about their lives since leaving Brandon.

We spoke later with several other former residents who remembered more of the "bad things." One man said, "We had no rights. We were punished if we were bad or if we spoke up about anything. We were locked up, or they took away our dinner." He complained several times that Brandon residents had no choices. Another man used a communication device to say, "It was not a very nice environment to be in...For me, it was like being locked up." This man had given testimony to the legislature, and said, "I told them that Brandon should be closed because it was not safe." A third man said, "Living in Brandon was half good and half bad." The good part was "I probably got away with doing almost what I want, just about, because I got to walk...I could go to the store, not the store in town but the one at the school." The bad part was when he was moved to a different part of the campus. "When I got to the cottage, it wasn't very healthy. They have men's and girl's cottage. They're separate from others, and we had staff people with us all the time."

One man typed "MOST OF TRAINING SCHOOL WAS PAINFUL FOR ME...LEARNING JUST SUPERFICIAL SKILLS IN DAILY LIVING FOR NO GREATER PURPOSE THAN ESCAPE FROM NOTHINGNESS OF LOST FANTASIES OF ATTENTION FROM PEOPLE IN SOCIETY..." This man is now recognized as an artist. From childhood, he has drawn, painted, and built constructions of wood, many of them showing scenes of Brandon. His art was featured in an exhibit at the University of Vermont in the fall of 1994, with titles given by him after he began to type. The titles of Brandon scenes contain words such as "rolling fortress," "monastery," "house least attractive," and "tied up Janet." One is titled "EATING OF INDIVIDUALITY BY INSTITUTION," and another is "UTTERLY GREY DAY AT BTS."

The Idea of Closure

Closing Brandon took at least 20 years. It started as an idea that a few people discussed among themselves. Along the way, there were many steps and many obstacles. This section provides an historical overview of factors leading to closure and discusses issues for the advocacy community throughout this closure process.

An Historical Overview

Vermonters who have been connected to the developmental disability service system for 20 years or more trace the idea of closing Brandon Training School (BTS) back at least to the mid-1970s. In those days more people were leaving BTS than entering, and the census had gone down, dropping from nearly 700 in 1968 to around 450 in 1976. A few key people attended workshops conducted by Wolf Wolfensberger and his colleagues, adopted normalization as a philosophy that should be applied in

Vermont, and talked about developing a broader range of community services. The idea that BTS should be closed was raised and became a part of their overall mission for people with developmental disabilities. Those leaders began to develop some of the pieces that were later seen as crucial strategies that led to closure.

The Vermont Association for Retarded Citizens (now the Arc), the state, and the Developmental Disability Law Project, for example, worked to establish legislative bills and executive orders that helped to build the community service system. In 1975, Governor Salmon created the Division of Mental Retardation and established a budget for services. A 1978 law, the Brandon Judicial Review Act, provided for a biennial judicial review of each BTS resident's need to stay in the institution. The results of these reviews were findings that almost all residents could live in the community if they had the appropriate services. This Act came to be viewed by advocates as a very important step in the process of preparing for closure. Additionally, 1979 saw the passage of a guardianship bill and the Community Mental Health Service Acts, two bills that established local community mental health centers as fixed points of information, referral, planning, and services.

Another major event of those years was the filing of a lawsuit by the Vermont Developmental Disabilities Law Project (Protection and Advocacy agency) on behalf of Robert Brace and five other residents who wanted to move into the community. The settlement in 1980 of this lawsuit, called the "Brace Decree," included a 10-year plan for developing community resources and moving most of the approximately 300 residents out of Brandon Training School. Although the settlement did not mention closure of

closure of Brandon, according to one of the lawyers, "we knew that if in fact they carried out the terms of the settlement,...they were going to end up with three people in the place," and it would have to close. The lawyer also said,

> It was clear that the Department and the plaintiffs had the same goals...one of the things that made this work was that we all had the same goals. We knew the Department's limitations in terms of developing those placements...so we came up with what I thought was a reasonable settlement in a reasonable period of time, and it worked...one of the reasons it worked is that we didn't try for too much too quickly.

Nearly 250 people moved into the community in 1979 and the early 1980s, due in part to the state's successful application for and use of the Medicaid Home and Community Based Services Waiver. Vermont was one of the first states to see the value of the Medicaid Waiver and to use it to move people out of the institution. Later, community placements dropped, as resources and political support for movement dwindled. By 1988, when a new Director of the Division of Mental Retardation was appointed, the average daily number of residents in Brandon was nearly the same as in 1982. There were admissions to the Training School around that time, causing a great deal of anger and disagreement across the state. Division staff, many providers, and the advocates felt strongly that the people who had been admitted to Brandon should have been provided alternatives in the community. Use of the institution constituted an acknowledgement of a failure in community services, and there was disagreement over who was responsible for this. Division staff came to believe that many statewide

problems (a number of these are listed in the section on the Unification Plan, pp. 11-14) could be traced to the continued existence of Brandon, which by then served 180 people.

Issues for the Advocacy Community

In Vermont, as elsewhere, a community of advocates--parents, attorneys, professionals, and caring citizens--had a dramatic effect on the shape of services and on the eventual closure. We interviewed many of those who played pivotal roles in the process and asked them to explore some of the issues from the advocates' perspective. One said,

> It's not like we sat down 20 years ago and said "How are we going to do this?" We really built our philosophy and our mission. And built up the community, by success and by demonstrating it. That's the biggest teacher, I think, more than just words.

Building the philosophy and mission meant, for many, going through training and applying it:

> What we ended up doing, the ARC, we ended up -- in my office as a matter of fact, everybody had to go through a PASS workshop...we would put on a PASS workshop here in my office. We'd have at least 40 people go to it. And I would say for a good eight years we really did that.

The philosophy and the mission were based on a simple ethic, that in Vermont everyone should be in the community. That ethic was first carried out in the school systems across the state. Vermont has the most inclusive educational system of any

state, not just for children with developmental disabilities, but for all children (see The Arc's 17th Annual Report to Congress on the Implementation of the Individuals with Disabilities Act, 1995). The school districts have learned how to serve all students in the regular classroom. This philosophy and mission runs very deep in Vermont, and has been demonstrated over and over, rather than just being talked about.

Being an advocate was often difficult during those years, because there was resistance:

> We were always fighting some bill that somebody put in to their legislator saying they weren't going to close it and that they didn't have to go through the judicial review. And I would get so frustrated because all my time would have to be spent, you know, dampening that instead of trying to get us proactive on what we needed to take care of those people on the waiting list.

However, they accomplished a great deal in spite of the resistance, taking it step by step:

> We really focused on first of all passing 18 major pieces of legislation that built the system in the community. And then we really focused on the budget building, around respite care, support for families, supported employment, and living arrangements. So whenever we went to testify, we always testified on the monies that we needed to keep people together with their families. And we'd say families and friends make the difference in a person's life.
>
> The most active advocates always hoped that BTS would close, but, as one said,
>
> We never came right out and said that Brandon was going to close until the

numbers got so small, that economically it just made sense to do it. And we had been trying for many years to, you know we'd talk about it but we kinda really pussyfooted around about it, to tell you the truth... I think our best...strategy was to really focus on the community. And share the success stories of what can happen for people living with their neighbors, going to school with their friends, working with their co-workers. And we always just emphasized that no matter where we went...I mean we really did have very understanding policy makers, but again the bottom line (was the financial issue). But they did get us the bridge money to close.

The judicial review process was used for at least 15 years, and the finding almost always was that the person should leave the institution. After that, the advocates' job was to push for that to happen, and everyone felt the pressure when or if it did not. A lawyer said:

> The way that the court system was set up for Brandon cases is we had one judge who heard all Brandon cases. Which was good because the person, that judge could be educated and develop an expertise.

The attorney also reflected, "I think one of the things about Vermont that is different is that our project worked very much, a lot of the time hand in hand with the Division of Mental Retardation." People seemed to see them almost as allies rather than adversaries, because both had the interest of the residents, and the need to move them into the community, in mind.

Beginning the Closure Process

In the 1980s, there was acrimony between the Division of Mental Retardation and the community mental health centers. The Division wanted faster and increased movement of people into the community, and made that very clear. In 1988, the directorship of the Division changed hands. After an interview process that included community and advocacy representatives, a new Director was hired. Shortly thereafter, as he brought in a few other new people, closure planning actively began.

The Unification Plan

In 1989, the Director of the Division distributed a "Unification Plan," which outlined the problems and a solution: unifying the system by closing Brandon and converting to a fully community based system. The Unification Plan listed the following challenges (Closing the Doors of the Institution, 1993; Unification Plan, 1989):

- BTS residents belonged and could be served in the community.
- Institutional costs were spiraling at a rate that was twice as fast as community service costs; 43% of the budget of the Division of Mental Retardation was being spent to cover the costs of just 13% of the people served by the system.
- The waiting lists for community services were growing. People who had never been in Brandon, including young adults who had grown up at home and attended public schools, wanted services in their own communities.
- Community programs needed support. They had stretched themselves to serve more and more people within their existing resources, and did not have

the infrastructure or the crisis capacity to take on a large number of people from Brandon.

- People with challenging needs were still being referred to the institution.
- The Brace decree's 10-year timeline had passed, meaning that the state was in violation of the settlement.

The Unification Plan had three major objectives:

1. To convert the system of services to Vermonters with mental retardation from a two-tiered structure supporting both the institution and the community, to a unified community-based system.
2. To move all remaining residents of BTS to the community.
3. To build the capacity of the community mental retardation system to respond to the needs of:
    - Special education graduates,
    - Families who need in-home support,
    - Young adults aging out of SRS custody,
    - Persons with mental illness and mental retardation,
    - Persons with mental retardation who commit crimes, and
    - Persons in crisis (Unification Plan, 1989).

One of the authors of the Unification Plan reflected on its importance:

Writing that plan was the bureaucratic exercise in saying it could be done, saying it to certain people within government, within the governor's office, the community services, and our commissioner...not just kind of a warm fuzzy idea,

but here's the budget, here's the timelines. It was primarily a financial plan, when it comes down to it.

The same person felt that while the financial reasons, which showed that BTS was too expensive to keep open, were not their primary motivators, they were important to the governor's office and the Vermont Agency of Human Services. More important to the Division staff were issues of equity:

> From a policy perspective as a Division, we felt that that's a...terribly inequitable way to spend our resources. But...if we hadn't chosen to put forward the argument (that institutional costs were rising faster than community costs and that operating two systems was more inefficient than running one), it never would have occurred. It wouldn't have been closed. There were too many countervailing pressures.

After the Unification Plan was written and adopted, the next step had to be the provider system. From the perspective of people working in the Division, the providers were key players because:

> We couldn't make them do it. They had to decide for themselves that they were willing to be a buck-ends-here system...there wouldn't be some group of people that would fall back to the state (to serve). That they as a system were willing at this point to make a commitment to serve everybody...the only thing I think we did right was not to say you have to, except morally.

During the 1980s, the state and the vendors (the community mental health centers and a few small agencies with whom they subcontracted) had been in conflict

because of mandates by Division personnel, who wanted the vendors to do more. With the Unification Plan, the new players in the Division took a different stance with the agencies.

Making Closure a Reality

Once the Governor's office, the Legislature, the vendors, and the advocates had agreed that Brandon should be closed, many pieces had to be put in place. Until Brandon closed, bridge money had to be allocated so that both the institution and the community services could operate as effectively as possible, and so that new community programs and an infrastructure could be developed. The needs of the state workers who would lose their jobs had to be addressed, and the community providers had to develop the programs and infrastructure that would allow them to serve both the residents of Brandon and people waiting for services. Financial issues such as the fact that Medicaid reimbursement rates would be lower for community services than for Brandon, and the need to develop an individual budgeting mechanism, had to be dealt with.

While the Unification Plan had stated that it could be done, not everyone agreed at first on how to do it. For example, when the Division asked the legislature for bridge money, some of the providers countered that these funds should be used to serve the needs of the community, not the Training School. Initially, it did not appear to the Division that all of the providers were willing to cooperate with the closure plan. The Division planned to move ahead, selecting those agencies that were willing to work with them to start with. They began to discuss the possibility of developing additional

agencies that would take a very active role in the placement process. That raised a lot of concerns with the providers, because they saw that as their role and also as some competition.

The providers came together and developed an implementation plan showing how they could work to make closure and expansion of community services occur in a concrete and timely way. The next major sections of this report describe the Division's and the providers' roles in closure.

One theme that came up repeatedly during our interviews was that what was good for the residents of Brandon Training School had to be the starting place for decision-making. This belief was shared by people from all the stakeholder groups. The woman who headed the state employees' union, many of the members of which faced unemployment, said it this way:

> At some point you think of the greater good...And if I believe the greater good is for people to live in their communities, how do I get the best possible situation for everybody involved? And that's really where I tried to focus my energy.

People from almost all of the stakeholder groups believed that those living in BTS would be better off in the community. Everything else--the planning, the negotiations that took place, the budgeting, the placements--was based on that central idea. The only **people** who opposed closure also used "the good of the residents" as their reason. These stakeholders included some members of the Brandon Training School Association, many of the employees at Brandon, and some of the Brandon townspeople (many of whom were also employees or families of employees). Members

of these groups expressed the feeling that at least some people were better off at Brandon, where there were "many eyes watching, unlike in the community," where people could walk on the campus and have a stable living situation, and where there was a long-term workforce made up of people who knew and cared about them. One mother of a former resident said, "We shouldn't lose sight of the fact that what is right for this person isn't necessarily right for that person." They believed that even though community living might be best for most people, some people would continue to need Brandon.

It was evident by 1990, however, that BTS could and would close, and that the major stakeholders would be able to work together to make it happen.

The Division's Role in Closure

The Division developed and followed through with many structural changes that made closure possible. They developed an individualized budgeting approach to funding community services, using the Medicaid waiver. They created an infrastructure that would support closure, working actively with the providers and developing or funding what they felt they would need to carry out the plan. For example, the providers felt strongly that they needed a backup system to handle crises, especially those involving behavior that was dangerous to an individual or the people around him or her. The Vermont Crisis Network was developed to respond to this felt need (see Creating Safeguards, p. 31-35).

The Division also developed criteria regarding where and how people could be placed in the community. One criterion was that whenever possible, people should live

close to their friends and families. If family members wanted their family member to come back into the family, or to live nearby, the Division wanted to support that. They made it clear that parents would be as involved as possible in the placement decisions.

The Division set the standard that each placement would be made individually, with guardian involvement. One administrator explained,

> That was a real key piece. It meant that there were local team meetings for every single person, where the guardian was there. We had some that were very concerned, one parent said, "if this works, I'll be the greatest supporter you've ever had, if it doesn't you'll never see the end of me." It seemed to work.

Parents could not decide that the person was not going to leave Brandon, but they could visit potential homes and veto placements. Many parents with whom we spoke felt that they had selected the home for their son or daughter, and many did indeed reject some of the homes they visited.

The Division also empowered Brandon staff members to be able to say "this is not the right place for this particular person." For example, a group of Training School staff at one point felt that an ICF where a Brandon resident was to be placed was like a little institution. The Division contacted the agency director, who responded very quickly and made many changes, after which the person moved there.

Division staff met monthly with all of the community agency directors. During these meetings they received commitments to serve each person who was supposed to move during that month, using their basic criteria. An administrator said,

That was a really tough process of identifying numbers of people and targeting time frames, and we really rode hard on all of that, organized that piece, and went after those agencies that were falling behind in their timelines to get them up to speed, because really once it started, if anybody didn't place people then it was going to roll onto somebody else, become somebody else's problem.

Because the money they had to spend was to come from money saved through the closure process, they transferred funds at different times, with the transfers tied to the layoffs that occurred as the dorms were emptied. The bridge money they were allocated, $400,000 a year for two years, gave them the ability to support somebody in the community before the layoff of staff in the institution could be completed.

The Division did a great deal to support the Training School staff in getting other jobs. The Department of Employment and Training opened an office on campus, with computer banks of jobs for people to look at. They also had job fairs, and they made resume books that people could look through. The Agency of Human Services, at the Division's request, granted a special priority for people coming from the Brandon Training School. Ordinarily, when job openings came up a state worker would have priority for the job. Under the special priority, a Brandon worker could have a higher priority for a state job opening. Through those efforts, a number of people came to other state jobs.

Additionally, each person leaving Brandon was assigned a Protective Services Specialist (now called Public Guardians), some of whom were former Brandon Training School staff members. They were able to get the caseload of the Protective Services

Specialists down to around 25 people, many of whom had been known to them while they lived in Brandon. The Division did a midyear report to the Governor in which they described what had occurred with the staff.

The Developmental Services Advisory Board was very helpful, in that it became a place where everyone could bring problems and worries. The Division reported regularly to the Advisory Board on the placement progress, and heard from them that the Developmental Disabilities Council had received complaints from parents who felt that they didn't have enough communication and weren't being heard. As a result, a special subgroup of the Advisory Board set up an 800 number that people could call if they had concerns. The Division also wrote a series of memos that identified exactly who was moving out and when, which agencies were meeting their timelines, and which were not. The agencies accepted that and cooperated with having their needs as well as their strengths publicized in a memo to everyone in the state.

The central coordinating function carried out by Division staff members was critical to the success of the closure process. In addition to orchestrating the timing and the numbers of placement, they followed up on problems along the way, and worked closely with the institution director and his staff. They focused on problem areas so they could resolve them. Their work was described as follows:

> The central coordination worked as follows: there were four people who had different areas of responsibility and who met weekly on the progress. Gail Falk worked with community agencies and families and others in the process; Matt McCue, the institution superintendent, worked with the institution itself. Chas

Moseley worked with the administrators of the agencies and with the public, as well as with the Brandon Training School Association. Bill Dalton worked with the legislature at the time, and supported the Division's efforts.

The Community Providers' Response: Planning for Implementation

A critical role was played by the community providers. Without their active engagement in the implementation, BTS closure might have occurred, but the outcomes could have been very different. Community services in Vermont are provided primarily through nine community mental health centers, which provide both mental health and mental retardation/developmental disabilities services. In addition, a small number of independent agencies operate under subcontracts with the community mental health centers. Years ago, the directors of the services for people with mental retardation and developmental disabilities formed their own organization, the Vermont Mental Retardation Program Directors. This organization, and the individual directors, played a major role in the closure of BTS. They spearheaded the expansion of the community service system through such strategies as building an infrastructure, creating safeguards, and developing an individualized approach to funding and working with families. This following part of this section describes these strategies, but most importantly it provides an explanation of the collaboration and planning to which many of the directors attribute their success.

Building on a common commitment. Each of the directors who were interviewed for this report referred to their own personal commitment to community services and that of their colleagues in describing the factors that contributed to the successful

closure of BTS. One director said: "We argue everyday, but the reality is there's no doubt what we all want when it comes down to it." Others described the group as having a "sense of solidarity" and "a lot of agreement about what we're here to do."

> When the directors were approached about the closure of BTS, they decided to use their annual retreat to develop a response. Once a year at these retreats, they get together to share ideas and problem solve. During their 1991 retreat, they established "unanimous agreement" among themselves about closure. One director explained: I mean, right away, there was no discussion of do we want to close Brandon. I think everyone was salivating at the thought of closing Brandon. And many of us, I worked in institutions in Connecticut before coming here. So, we tend to be a group that has some knowledge about institutions. It's funny how as we get older and staff get younger, how many have never been to institutions. They don't have a sense of you know, the crimes we've committed against people who are mentally retarded and how important the work is to get an institution closed and keep it closed.

Their conclusion that this was the right thing to do was philosophically based, but also based on practical reasons. As a group, they clarified two other reasons why it made sense to close BTS. First, they had already shown it was possible to support people with the most severe disabilities in the community. Second, if it was possible to support the people living at BTS in the community, the state could not afford, economically, to support two service systems.

Success in the community. Since the late 1970s there had been a freeze on admissions to the institution. No one could be admitted without a court order, and those were difficult to obtain. During those years, the community-based service system developed the capacity and experience of serving people with challenging needs. People with challenging behavior and intensive medical needs were being supported to live in the community successfully. One administrator of a community agency concluded:

> ...with the exception of some individuals, a small number of people who had extremely fragile medical needs, there wasn't anybody at the Brandon Training School who challenged the system in terms of representing the kinds of need that we weren't already supporting.

Not only did the community service system show it was possible to support people regardless of their needs, it also showed that people who previously lived at BTS were living better lives in the community. The most convincing examples involved people who were considered to have the most dangerous behavior at BTS. These individuals were described to have significantly less problems than they had at BTS and to be active participants in their communities.

Financial considerations. Based on their experiences, the directors increasingly viewed BTS and the community-based service system as two different systems, each competing for the same resources. One agency administrator explained:

> ...for some of us it was you know becoming a real threat as the state had less and less money to spend...and I don't think it was really at least hard

conceptually for people to grasp that Vermont's small tax base could not afford two systems....I even went as far sometimes to you know ask people to make a decision about which system. You know because you can't afford both. You either have to decide on the institutional model or the community system.

The argument that it was more cost effective to support people in the community was based on the quality of services offered. Several administrators clarified the issue that it may in fact cost the same or more to support a particular individual in the community than at BTS, but that it is important to look at the quality of that person's life. One administrator was careful to explain: "As a group we made a clear case that it's... a better use of money."

Service Development

During the closure process, state level administrators and the executive directors of the Community Mental Health Centers gave the Program Directors support and allowed them the initiative to begin expanding the community service system. Many of the directors, however, relied on the accessibility of these administrators. As one director said: "If you want to call the Commissioner, you call the Commissioner and the Commissioner returns your call." Others appreciated the fact that state administrators attended problem solving meetings so that decision making was efficient.

Several initiatives by the program directors were important in developing a service system that supported the residents of BTS to live in the community. This section describes how they built their infrastructure, developed services for individuals,

and created safeguards including a crisis network and permanency planning efforts with families.

Building an Infrastructure

The shift in philosophy and resources required a new way of thinking about and organizing services. In the past, for example, one director explained the department negotiated only the "actual immediate costs of the people coming out." Closure required long-term planning and supports for a large number of people. Though the directors believed all people could be supported in the community, they knew that the existing service system was not adequate to meet their needs.

When their work moved from philosophy to practice, differences between the directors became an issue. One director explained: "There's a lot of agreement about what we're here to do, but not much about how we should go about doing it." They interpreted these differences, however, not as differences of opinion in the best way to develop services, but as differences in what type of work people were good at and committed to. Several directors described how they have developed reputations for being good at providing different types of services. As one explained:

> We've known each other for so long. We know what's good about us and we know what's bad...Some people are really good fiscally, some people are better creatively, some people are really good at dealing with crisis, some people are really good detail people. So there's a lot of opportunity for sharing. And again, it's that match you know. You match me with people who need everything done exactly so, it probably ain't gonna work out.

At their retreat in 1991, the directors agreed to come back together after thinking about what type of work they were committed to and how many more people their agencies could support. One director explained: "It didn't make sense for each agency to develop the capacity for everybody in terms of infrastructure cost."

From the beginning, Rutland Community Services, which provided services in the community where BTS was located, made a commitment to serve the largest number of people. The Executive Director believed it should be a priority for people to have the opportunity to live in their home community. He explained:

> Professionally as an organization we made a commitment to this population when the issue, the challenge was put out to close the training school. What we said was, people who are indigenous to this community, their roots are here, either through family or themselves, should have the opportunity to return to their community.

The agency agreed to support 48 people from BTS. The Executive Director stipulated, however, that the agency could not support such a large number of people well if many of them had needs they considered challenging. Other agencies agreed to support people with complicated medical and behavioral needs. In fact, several agencies had experience in supporting people with these types of needs and were committed to further developing this capacity.

Though some agencies decided to develop services for people with similar needs, overall, the directors were committed to developing an individualized approach.

Moving Toward Individualized Services

Pressures and concerns. As was to be expected in the deinstitutionalization process, certain pressures influenced the effort to develop individualized services. For example, the decision of where residents of BTS moved was somewhat determined by the capacity of the different agencies. Several directors were uncomfortable with this decision-making process. One concluded: "This was part of the process that maybe we could have done differently. It felt like shopping a little bit. It was not the most humanizing process."

Some parents we interviewed also described the difficulties they had with the process. For instance, one parent said she had feared that they were going to proceed too quickly with community placement of her adult child, before adequate supports were in place, and that she felt she was labeled a "difficult parent" because of her fears. She turned down one place that was not wheelchair accessible and another that was too far away from her own home. In the end, she agreed to a home that met more of her requirements, and it has worked out well for her daughter.

Other pressures, such as the commitment to employ staff of BTS and to serve a large number of people in a short period of time, influenced the development of services. Though some directors are concerned that people's living situations may not be ideal, the fact that they did not create a lot of group living situations and that they have developed responsive organizations increases their potential for further development of individualized services.

Developmental homes. Though they realized that some group living situations would have to be developed in the interest of time, directors as well as state administrators agreed to develop a limited number of agency operated facilities. They relied on a service model called the "developmental home model" to serve the largest group of people.

The developmental home model encompasses a variety of situations, but typically it is a person or family who has agreed to share their home with an individual and to support them. Developmental home providers receive around $35,000 a year in return. This is not a set rate. As a rule, funding levels are decided on an individual basis by the agency that is developing services.

In many of these situations, it is a staff person from BTS who has invited an individual to live with them. One director explained: "One of the ways a lot of people from the training school got placed is that staff, former staff from the training school, wanted to continue the relationships that had formed at the training school."

In addition to the fact that this service model provided an alternative to group living situations and built upon existing relationships between people, the directors described it as providing "security," "predictability," and "stability." One director concluded: "I think the most critical thing is stability in people's lives. It definitely adds to stability to have the client go into the provider's home." Another director spoke to the economic predictability of this model:

> The developmental home program has been a wonderful program for a lot, lots and lots of people. And it also has had a really very economic advantage to

Vermont, because the cost of you know what it's going to cost you to have developmental homes is very predictable. It's going to cost you to run a staffed program. It is very unpredictable because of you know, overtime pay or all the other things that end up going in there.

Some directors, however, are concerned that while this model was effective in the closure process, the approach may not always be individualized. One director expressed the following concern:

...maybe for some people the developmental home model may not be even philosophically appropriate in the sense that many individuals who are adults don't continue to live in a family atmosphere and they want to create their own family atmosphere.

In fact, a man we visited brought this concern to light. He has been living with a former staff person of BTS and his family for several years but would like to have his own apartment. This is not a new dream, but one he had while living at BTS. It was thought, however, that the developmental home model would provide experience to prepare him for living in his own home. According to the young man and his friends, this situation has been very positive and they are beginning to consider the possibility of him getting an apartment.

Given the fact that many people do not get the opportunity to move to homes of their own during the process of closing an institution, the developmental home model seems to be a reasonable compromise, one that is preferable to group homes. Based nonfacility-based, it creates less obstacles to developing individualized services in the

future. In the case of the young man described above, for example, moving to a place of his own will not entail "downsizing" an agency operated facility. He has also had more of an opportunity to build close personal relationships and develop his interests than if he lived in a group living situation.

Through the closure of BTS, agency directors have taken important steps in decreasing the control of the service system in people's lives. It was inevitable, however, that the closure process presented pressures which influenced people's living situations. One director explained the importance of taking the next step in moving toward developing services that are truly individualized. He described this challenge as follows:

> We need to find a way to start from the viewpoint of the individual's choice. And as opposed to saying you can have this, this, or this, we need to be able to say "What do you want?" So that we see our entire activity as a system of supports as opposed to a system of programs. I think philosophically for a provider network that's the next quantum leap that really needs to be taken. It's...a headset around the role and relationships of the agencies to people they serve and then being operational at that.

Several directors who we interviewed described their efforts to develop responsive agencies.

Creating responsive agencies. Directors were most concerned about two factors in developing more responsive services: agency size and supporting staff.

When the directors decided there was no need to develop new organizations, that the existing agencies would support all of the residents at BTS, agency size emerged as an issue. Several directors expressed how they have come to appreciate being small as a factor that allowed them to develop good services. Staying small was a priority when the directors originally made the decision as to how many people from BTS they could support.

Several strategies for maintaining personalized services were identified. As described earlier, Rutland Community Services made the commitment to support the largest number of people. In doing so, however, the director stipulated that they would not be able to provide services to many people who had complicated needs.

Another director whose agency has grown considerably has restructured the way they provide services by implementing a team process. Each team is responsible for less than 20 people. He explained what a difference this has made for staff who now know that their responsibility is "finite."

In another agency, one that has been very successful in supporting people with complicated needs, an administrator was concerned with the constant pressure to support people who no one else can. His agency only supported 13 people at the time of this report and did not want to grow any more. He concluded: "If there was a real client need that you can't just say no to, I would recommend starting a second agency."

In addition to size, several directors have focused their efforts toward supporting staff. They attribute success to the commitment of direct service providers. One administrator concluded: "I have to say it's 99% because of the people involved and 1%

other causes." He described the agency as working to attract and support good service providers. He was proud to say: "People come to us, basically because of our reputation for fairness and having everything decentralized." In this agency people who are providing direct service are the decision makers. Administrators see their role as that of being accessible and listening as they work through problems. In another agency, one that is larger, the director has created the opportunity for staff to come together on a monthly basis and problem solve around agency issues.

Creating Safeguards

Prior to the formal decision to close BTS, state administrators encouraged community service providers to develop the capacity to support people in crisis situations. They have done this primarily by building opportunities for those who were interested and had success. During the closure process, Vermont's capacity to support people in crisis situations in the community grew from establishing a statewide crisis network to developing expertise at local levels. This section describes the Vermont Crisis Network and other efforts within the state.

One agency in particular, Resources in Community Living, had developed experience, prior to the closure of BTS, in supporting people with challenging behavior. The director of the agency was personally committed to this type of work. The agency began when he invited a couple of people to live in his home in the late 1970s. His efforts were recognized by the state and he was encouraged over the years to support more people. With the closure of BTS, this director initiated the development of the Vermont Crisis Network.

Though the Vermont Crisis Network offers emergency placement in some cases, it was developed primarily as a system to build the capacity of agencies around the state to support people in crisis. From the beginning, there was a strong belief that service providers must maintain primary responsibility and enable people to stay in their homes regardless of problems they may have. There are three levels of services provided through the network.

First, interested members of agencies throughout Vermont participate in monthly meetings. The purpose of the meetings is to give people a chance to present their challenges and problem solve together. According to the director of the network, this has been a forum through which people have come to feel comfortable in asking for assistance. He explained:

> It's the kind of thing where you come in and you're not afraid to say I don't know what the hell is going on here. You know here's all the information, help me sort it out. You know we help people make the next step.

The director of the network also described these meetings as a learning experience for everyone involved. He added:

> I think people's skills have developed. We didn't teach these guys, we all taught each other something. And in three years the ability of clinicians to deal with some of these problems, you know has grown tremendously.

One of the lessons they have learned over the years is that if local agencies are to be innovative, they must also have the ability to make decisions without having to go through a bureaucratic process. One way around this has been to have a state

administrator attend these meetings regularly. The director of the network explained how this has helped:

> ...we have the state people at that meeting. Because in the old days I would go talk to these people about Tom. And I'd say Tom needs somebody during the day, and they'd say okay we'll talk to the director. Okay, and then the director will talk to the state and the state will talk to the director, the director will.. and maybe someday we'll have another staff person. We decide in that meeting...we make all these decisions there.

One particular state administrator has acted as a liaison between the state and the local agencies. In addition to attending these meetings, she helps to identify situations that could benefit from on-site assistance from members of the network.

The second level of service involves one or two people from the network visiting an individual, his or her family when appropriate, and the agency providing services. Together they develop a plan for change. The director of the network, who is typically the person to provide this consultation, emphasized again that one of the most important factors in making positive changes is to have someone involved who has decision-making power. He explained:

> You know the problem with this consulting business is that unless you are tied directly to somebody in charge of something you've got to work with the team and if the team's stuck in the mud, nothing's gonna happen.

As a third option, in situations where people are stuck and an individual is considered at risk, the network provides emergency placement. The network was

created with the capacity to provide emergency placement for two or three individuals at a time. The director, however, is committed to the principle that people should not have to leave their homes. Recently, resources have been converted to allow for emergency assistance to be provided in at least one person's home at a time.

The decision of who should receive this service is made collaboratively by all the members of the network. Members of the agency that is providing services to selected individuals must commit to attending planning meetings once a week. Through this planning, the agency is expected to develop the supports a person needs within 30 to 60 days. The network does not want this service to evolve into a long-term placement for anyone. If the responsible agency is not able to develop supports within this time frame, it must refer the individual to an agency that can.

Overall, the emphasis of this statewide network has been to build the capacity of local agencies. Most recently, at least one regional network has been developed. It consists of several geographically connected agencies that have pooled funding and resources in the effort to support people in crisis situations. Members meet once a month.

In addition to these formal efforts, there are certain individuals around the state who have developed the reputation for being very good at supporting people with challenging behavior. Building on the commitment of individual service providers has been an important strategy within the Vermont service system.

Several people who had very serious problems at BTS are now being supported by one small agency. An administrator of this agency describes how every one of them

is doing well now. He attributes this success to finding committed people to support them and in turn providing the supports that they need. Most important has been giving service providers decision-making power and providing reliable assistance to them during difficult times. The director of the statewide network concluded: "It's not the system, it's the people. Give them all the support, get the hell out of their way."

It should not be surprising that people from BTS are doing better living in the community. In fact, none of them have been in the position of needing services through the Vermont Crisis Network. The director of the network is beginning to focus on prevention and would like to start working to develop better services for children. He hopes to elicit the participation of all the different state departments in this effort.

In general, community service providers seem to be looking forward from a new perspective. They have met the challenge of closing BTS. Now they see a new set of challenges that have to do with the quality of community services.

New Challenges for the Community Service System

Several of the directors described the need to refocus the commitment and energy that went into BTS closure to the development and improvement of community services. One director explained that for the past few years "all the energies or resources of political power were focused on the institution." Another reflected:

> I would have liked to have seen more clear statements, not only from the department, but from the state about the commitment to the community system after the training school closed...There needed to be more forward thinking about what the community system was going to become...

Their primary concern was that, though closing BTS has saved the state money, funding for community services has increasingly become restricted. In addition to funding problems, they see gaps in the system that need attention, particularly regarding work or day services. Each of these issues is discussed briefly below.

Funding Challenges

According to the directors, funding is being used more efficiently now. Funding levels are determined on an individualized basis and most people are being supported for less than they were at BTS. A few require more. The limits on funding following closure have occurred for two reasons: 1) the state implemented a 3% to 4% across-the-board funding cut; and 2) the community system is being level funded, meaning no new monies are being put into it.

In addition to these complications, the amount of state dollars available to individual agencies is decreasing as the money is used to match Medicaid. As a result, services not covered by Medicaid such as respite are limited. At least one agency is using this period of economic hardship to look at the possibility of closing an Intermediate Care Facility it operates. The director of this agency would like to develop individualized services and is gaining support based on it being a better use of money. State administrators support this effort and have attended board meetings with parents to discuss alternatives.

Work/Day Services

A common problem in the closure of institutions is that much focus is placed on improving people's living situations, while relatively little energy is spent dealing with

other areas of their lives. One director, in particular, expressed this dilemma:

> I think that day services not only in Vermont but nationally should be the major area of attention in terms of a system vision about what day services should be. I think there's been a lot of very, very creative, innovative things that have happened residentially but the day service system has really lagged behind and I think part of that is that, people don't really know what they should be.

Many people from BTS were attending day treatment centers and sheltered workshops or doing nothing during the day. One developmental home provider, a former staff person from BTS, was frustrated with the lack of alternatives and has consequently supported the man who lives with him to start his own business. He explained:

> Dr. Moseley was distributing this one article on a tendency for community health agencies to just replicate an institutional model out there and I mean I really digested that and felt like yeah, that can really happen. And it had happened to some extent with day service models that aren't all that different than some of the things that were happening at the school...I think a lot of people have kind of looked at that and said well, let's make something happen ourselves.

Through their own initiative and connections, these two individuals are starting a wheelchair and adaptive equipment repair service.

Many creative situations may develop through the efforts of individuals like this. According to one director, state administrators recognize the need in this area and are

working hard to develop more supports. For example, they are finding ways of interpreting Medicaid regulations that will support these types of situations.

One director concluded that the most important factor in working through these issues may be maintaining the collaborative relationship that makes this group distinct. He sees the issues as getting more complex and feels that though they have less time, taking the time to work together is a priority.

In addition to issues within the service system institution closure has an impact on local communities, more generally. The next section describes some issues affecting the community of Brandon.

Issues for the Brandon Community

During the process of closure, citizens of the Brandon community were directly affected by the closure in a number of respects. Some of the issues they were concerned about, as citizens of Brandon, were: labor issues, and reemployment of BTS employees, many of whom were Brandon residents; economic issues, such as less revenue for local businesses; physical plant issues, particularly whether a new tenant would be found, and what type of tenant; and general community/social issues. Many felt the decision was best left to professionals; a number couldn't understand how people with severe disabilities could be served in the community (and felt a small unit should be left open at BTS for them); and a small number could not conceptualize how people with mental retardation could make a positive contribution to their community life.

Labor Issues

Many families in Brandon have had various members of different generations employed at Brandon Training School over many years. They take pride in their hard work and caring about the people who lived there. Thus, it was difficult for many local people to see the place close. One businessman explained:

> My opinion of the employees, I can only speak very highly of them, because they all had a great personal concern, almost a family-type relationship. I mean there was love for their clients. The Training School has been there for 60, 70 years, and a lot of people have worked there 20 to 30 years. So, their concern was not only from an employer-employee relationship. There was a real great concern and personal pride in the facility. And I know many of them took it personally and were hurt when the Training School closed.

As a result of closure, many people in the town had to try to find work elsewhere. There was a general feeling that, overall, the state had made a good effort to try to find jobs for these workers. As a past Brandon Chamber of Commerce president commented:

> Once I got involved a lot of the impact was one with regard to staff. Most of the people, patients, clients, whatever, had been transferred out already and the real concern at that stage was with regard to the displaced workers. And I personally can't say enough positive about the state in that regard...I knew in fact they were really doing stuff; they weren't just giving lip service to it... I really felt they did a fine, fine job with the labor issues, in particular.

However, there were still the stories of people who used to work at the Training School and who now could not find work:

> I talked to a lady who's a client of mine last week who's having a tough go of it. She was a laborer up there, not well educated, never got a GED or a high school diploma, but worked up there 29 years. When the school closed, she lost her job. Her skills are not in demand in this area. And she's been unemployed since. Those are the people I'm concerned about because they had a long time relationship with the state, they provided a service, they took pride in their work. Those people, sometimes more than the patients, are the ones who can fall through the cracks.

Economic Impact

While all people agreed that the closing of Brandon Training School had some economic impact on the town, they differed as to their assessment of the extent of this impact. Some felt the impact had been severe, whereas others felt it had not be terribly severe.

Along the main street through the village center, there are a number of vacant storefronts. While the closing of the Training School is not felt to be the only factor associated with this, it is felt to be a significant one. As one businessperson commented:

> So, I think that it's affected us to a great degree. We're waiting for something else to go back in there. Even though most of the people still have work, they're

working somewhere else, not in Brandon, so that's affected the amount of money that's flowing around town. I think a lot of people are seeing the impact.

Another added:

> From a business point of view, it's definitely hurt the community. We've had three businesses go under; now I'm not saying they went under as a direct result of that, but I think there was an impact. And, as a small community, whenever the storefronts aren't occupied, it has a negative appearance when people come to town.

There was concern also about people's potential inability to pay loans, mortgages, and the like. However, this has not turned out to be a problem. This is generally attributed to the state's success at assisting people to find other employment.

Overall, there was agreement that in terms of the national economy, it was not a good time to Brandon to experience this closure. There was some sentiment that, based on economic reasons, at least for the Brandon community, the institution should have remained open. A town official stated:

> I would rather have that institution operating in full force being the core employer in this community that it was, than to have it closed.

However, the primary sentiment seemed to lie with favoring professional judgments about what is best for people with disabilities, rather than keeping the institution open based on the economic needs of the community. As one resident commented:

> From a national economic point of view, it was a bad time to close. But, I don't think that guided the state, nor do I think it should have.

As well, people seemed to have information that this was also, economically, overall, a good move. A businessman said,

> The people who made the choice, I consider are experts in the field they're in. I'm not an expert. I mean, they're looking at it from a personal concern for the welfare of the clients, and that should be their guiding choice, but they're also looking at it from an economic point of view. And the numbers I've heard mentioned, about $100,000 or $120,000 a year to keep a person in the institution, where they could put them in a private home for $35,000 or $40,000, or whatever. I mean, they as representatives of the state have to look at that. I mean, our tax dollars are supporting it, and they made a choice and their choice I'm sure was based on care of the individuals as well as economics, and I have no qualms about that.

Physical Plant Issues

This facility has and will continue to be a very important aspect of the viability of this community. As one person commented, "It's a wonderful facility; it's the engine that drives this town." To the citizens of Brandon, it is both important that it be occupied again, and by an occupant that will add a positive image to the town.

People were anxious to get a new tenant; and, to this end the state took a number of steps. First, they involved a number of Brandon citizens and community leaders on a task force to explore issues about future usage of the facility. This task force helped formulate the next steps of the process.

Where the task force took us within two or three months was we decided the state should contract with a real estate marketing firm to market this facility on not just a local basis, but a national, and even international basis. Over about the last two years the state put in about $100,000 in advertising costs.

The task force, together with other citizens of Brandon in town meetings, discussed various options for use of the facility. Some people suggested dividing the facility and using it in multiple ways. However, others, as well as state representatives, felt they should pursue single usage of the entire facility. Related to this, some people in the community, not understanding how those with severe disabilities could ever be supported in community-based settings, felt that one or two of the units at Brandon should remain open for them. Still others suggested that the state should use at least part of the facility for state offices as a base for providing social services and advocacy to people in this region.

While some Brandon residents gave the state very high marks in terms of its campaign to market the facility, others felt there was a lack of communication between the state and local citizens about what was going on with the marketing process. As one person commented:

I think they have shown a genuine concern for the impact on the town of Brandon. I'm satisfied with the state, for the genuine effort to help us out.

Another reflected, "I do think the state worked cooperatively with the community."

In addition, people looked forward to a use of the facility that might generate tax revenue for the community. A banker explained,

That's the other thing that's a big factor is there's 360 odd acres and 34 buildings or whatever it is up there that have never generated dollar one of tax revenue for the town. So, from that point of view, a private sector ownership will obviously have some benefit.

While people in the town had different thoughts about possible alternative uses, collectively the majority of citizens are opposed to its use as a prison.

The town did not want to have a medium or high security prison up there. The formal town meeting came back very negative in terms of prison use. The overriding factor was that if it were located other than where it's located we might of felt differently, but being on the northern entrance to the town, the vision of raising ribbon wire fencing there just wasn't what we wanted to do.

In addition, the Commissioner of Corrections had told them that the prison workforce would essentially be a mutually exclusive workforce from that which had been at the training school. Perhaps, if people had felt the training school workers would be able to transfer to jobs at a prison, there would have been more support for it. People felt, however, that the longer the facility was empty, the more the community sentiment might change to favor getting any employer in there, no matter what type.

In the process of closure, one of the aspects that people in the town felt they had to pressure the state about was its payments toward the sewer system.

Twenty years ago when the town built its current waste treatment facility, the state entered into an agreement with the town and said they would pay for 31% of the operation of the plant for as long as the training school was here. And so

for years, roughly a third of the operation of the plant was borne by the state and it left us with reasonable sewer rates for the rest of the rate payers. Once they announced closure, they immediately wanted to enact the clause that said after we close we don't have to hold to this agreement. And so we worked with them to at least phase it out over three years.

In addition, the town negotiated with the state to donate a couple of buildings and acres of property to the town in order to relocate the town offices.

Social Impact/Community Impact

Most of the Brandon community members who were interviewed for this study recognized the value of community integration, both for people with severe disabilities and for communities as a whole. Only one person claimed to see no benefit:

I can't, I honestly can't see the benefit of it. We always had at least some people that were deinstitutionalized or mainstreamed, but now there's just more. It's not just physical disabilities, there are mental disabilities, so they're not real contributors to the town.

Locally, there had not been a noticeable "dumping" of people with disabilities from the institution onto the streets of Brandon. However, it was felt Rutland, which contains more housing options and services, may have experienced this to some degree.

Some residents expressed questions or concerns as to whether the needs of people with severe disabilities could be adequately met in the community, while others were confident that they would get good care in the community:

I gotta think that they're getting good care in those homes. It's my understanding that the money that they're paid on an annual basis for the care is less than was being spent by the state on them under the care there. So, as best as I can tell, it seems to me it's been a win/win situation.

Time should demonstrate to all Brandon residents the quality of care that is available in the community for all people, including those with severe disabilities. In addition, as increasing numbers of people with disabilities are supported to be members of their community, time should demonstrate, to those who have any doubts, the ways in which they can be valued, contributing community members.

Conclusion

A combination of many factors contributed to the closure of Brandon Training School. Some of the key factors are summarized below. While, together, they are unique to the particular situation in Vermont, at the same time, they represent strategies and actions that may be useful to other states and regions that are pursuing institutional closure. In addition, some recent developments within the state and service system and highlighted.

Summary of Key Factors Related to Closure

1. Recognition of shared values and common vision. It was significant that shared values and a common vision were held and recognized across a variety of groups of people within the state, including many parents, people with disabilities, state administrators, agency administrators, and advocates. This, in turn, influenced other

key groups, such as union representatives, legislators, and Brandon community members, many of whom adopted and added to the vision.

2. Long-term efforts of advocates in building consensus. The shared values did not just naturally emerge. They were the result of years of work by advocates to build a common vision through education, training, litigation, judicial oversight, and personal networking.

3. Accessibility of state administrators. Many people reported that the accessibility of state administrators facilitated the work toward closure. They seemed to be knowledgeable about what was going on at the local level, and people felt comfortable walking into their offices and talking with them.

4. Responsiveness of administrators. It seemed to people that administrators made every effort to be responsive. In the first place, they took time to listen to people's issues. Second, they made sincere efforts to respond in some way to these issues.

5. Good communication and trust between people. The fact that there was good, open communication between a wide variety of individuals and constituencies facilitated the closure process. People could disagree and debate issues without feeling that their relationships would be jeopardized.

6. Focus on building the capacity of the community. Rather than focus on the closure of Brandon, alone, emphasis was placed on expanding and strengthening the community service system. Resources were allocated to the community service system to support this effort.

7. Significant and careful planning. State administrators and community service providers devoted considerable time and effort to planning for the closure of Brandon and expansion of the community service system. The planning process attempted to anticipate needs and to put structures in place to deal with potential challenges (e.g., bridge funding for transition to community services; intensive supports for people with high levels of need; development of an individualized funding process for people leaving BTS). Planning also encompassed alternative employment options for BTS staff. While closure did cause some difficulties for employees, the large majority were offered reasonably comparable positions.

8. Collaboration among community service providers. Rather than competition between service providers, there was significant collaboration among them. Together, they reached consensus about supporting closure, and planned and strategized ways to best serve people in the community by building on existing strengths of providers and working to fill in gaps in the service system.

9. Maximizing the opportunities for development of individualized supports at the time of closure and in the near future. As people moved out of Brandon, efforts were made to assist as many people as possible to move to individualized settings of their choice. However, as in any process of institutional closure, it was not feasible to create individualized settings for a large number of people in a relatively short period of time. In light of this, however, the state made little use of group homes and other facilities, and relied more extensively on placement in developmental homes. This seemed to be a reasonable compromise, one that is preferable to group homes and one that will

create less obstacles to developing individualized supports for people (e.g., supports for home ownership, apartment rental, and other options that individuals may choose) in the future.

10. Development of a positive working relationship with the local community around issues of closure. The closure of BTS presented some hardships on the Brandon community. It was positive that state administrators worked collaboratively with Brandon community members to deal with issues, particularly regarding alternative uses for the facility.

The experience of the closure of Brandon Training School has demonstrated, as is evident in other states as well, the possibilities for institutional closure. With respect to Vermont as a whole, and currently a few other states (New Hampshire, Rhode Island, and Maine), it has demonstrated the possibilities for operation of an entirely community-based service system. While the task of institutional closure and conversion to a community-based system was on a much smaller scale in Vermont than in most other states, the experience nevertheless provides valuable strategies and lessons for other states and regions.

Recent Developments

Since the research for this report was completed, there have been continuing efforts to create more responsive services and support quality lives. The recently passed state Developmental Disabilities Act was developed with full participation of people with disabilities, families, consumers, providers, and state staff. It is based on principles that target supports to individuals and families, not institutions or program

types. Principles include: support for children to live with families; support for adults to live in typical homes; meaningful choices; community participation; and individualized support, among others. In addition, a new state developmental services plan, aligned with the principles put forth in the DD Act, gives increased choice and control over services to people with disabilities and their families. Thus, the story of change in services in Vermont does not end with the closure of Brandon, but continues to unfold.

Bibliography of Related Resources

Johnson, A.B. (1990). Out of bedlam: The truth about deinstitutionalization. New York: Basic Books.

Rothman, D., & Rothman, S.M. (1984). The Willowbrook wars. New York: Harper and Row.

Prouty, R., Anderson, L., Lakin, K.C., & Polister, B. (1996). Residential services for persons with developmental disabilities: Status and trends through 1995 (Report #48). Minneapolis: Institute on Community Integration, University of Minnesota.

Impact: Feature Issue on Institution Closure. (1995-96, Winter). Minneapolis: Institute on Community Integration, University of Minnesota.

Research Methodology

The purpose of this study was to better understand the process which by Brandon Training School was closed and community services were developed during the closure process. There were several components to this research:

1. Meeting with the state Director of Mental Retardation. An initial meeting was held between the research team and the director. Discussion covered: (1) an overview

of the history and background to closure; (2) identification of key issues related to closure; (3) initial identification of potential research informants.

2. Development of initial research strategy. It was determined that the research would entail a review of documents related to closure, as well as interviews with representatives of numerous constituencies (people with disabilities who had lived at Brandon; parents who had worked for closure, parents who had opposed closure; community service agency administrators, state administrators, university researchers, union representatives, and Brandon community members). Through the director of mental retardation and other contacts in the state, the research team compiled an initial list of potential research informants. In addition, the research team compiled a open-ended interview guide.

3. Review of documents. Numerous documents were reviewed relating to closure of Brandon as well as development of community services in the state. These include:

Closing the Doors of the Institution: Opening the Hearts of Our Communities. Brandon Training School 1915-1993. (1993, December). Waterbury, VT: Agency of Human Services.

Guidelines for Quality Services. (1994, January). Waterbury, VT: Agency of Human Services.

Transition Projects in Vermont 1980-1985. (1986, March). Waterbury, VT: Agency of Human Services.

Unifying the System of Services for Vermonters with Mental Retardation. (1990). Waterbury, VT: Agency of Human Services.

The 1993 Vermont System of Care Plan for Services to Persons with Mental Retardation and Their Families. (1993, January). Waterbury, VT: Agency of Human Services.

The 1994 Vermont System of Care Plan for Services to Persons with Mental Retardation and Their Families. (1994, January). Waterbury, VT: Agency of Human Services.

Alternative Living Options for Persons Labeled Mentally Retarded. (n.d.). Champlain, VT: Vermont Arc.

Citizen Review Handbook. (n.d.). Champlain, VT: Vermont Arc.

Directions for the 1980s: A Brief Summary of Vermont's Mental Retardation Plan. (n.d.). Waterbury, VT: Agency of Human Services.

History of CARC: Over 40 Years of Service. (n.d.). Champlain, VT: Vermont Arc.

Family Support Legislation Fact Sheet. (n.d.). Champlain, VT: Vermont Arc.

Home and Community Based Services. (n.d.). Author unknown.

Introductory Training Offered by the Vermont Division of Mental Retardation. Waterbury, VT: Agency of Human Services.

Sources of Quality Assurance and Protection for Citizens with Mental Retardation. Waterbury, VT: Agency of Human Services.

4. Interviews. The research team conducted interviews with those people who had been identified, as well as additional people whose names came up during the

course of these interviews. Altogether, interviews were conducted with at least 32 people.

5. Data analysis. Data was analyzed and coded to identify the themes and issues highlighted in this report. Members of the research team analyzed data both individually and together as a team.

6. Draft report. A draft report was reviewed by research team members, selected study informants, and additional people within Vermont, in order to obtain feedback and suggestions.

7. Final Report. Based on the feedback regarding the draft report, a final report was prepared.